

P08000099026

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

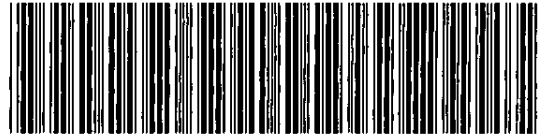
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

611-619

W08-49353



700137160417

10/27/08--01038--013 **70.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 NOV -5 PM 1:40

11/5/08

COVER LETTER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 NOV -5 PM 1:40

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: PROHANDYMANN. CO

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: DEAN RAMSARRAN

Name (Printed or typed)

2319 SE STONECROP ST

Address

PORT SAINT LUCIE, FL-34984

City, State & Zip

772-240-6556

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.



RECEIVED

08 NOV -5 AM 8:00

FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 28, 2008

DEAN RAMSARRAN
2319 SE STONECROP STREET
PORT SAINT LUCIE, FL 34984

SUBJECT: PROHANDYMANN. CO
Ref. Number: W08000049358

We have received your document for PROHANDYMANN. CO and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

An effective date may be added to the Articles of Incorporation if a 2009 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 808A00055340

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 NOV -5 PM 1:40

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 NOV -5 PM 1:40

ARTICLE I NAME

The name of the corporation shall be:

PROHANDYMANN. CO

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

2319 SE STONECROP ST, PORT SAINT LUCIE, FL-34984

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

NON STRUCTUAL HOME IMPROVEMENT.

ARTICLE IV SHARES

The number of shares of stock is:

2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

ABBY RAMSARRAN (DIRECTOR)
2319 SE STONECROP ST
PORT SAINT LUCIE, FL-34984

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

DEAN RAMSARRAN
2319 SE STONECROP ST
PORT SAINT LUCIE, FL-34984

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DEAN RAMSARRAN
2319 SE STONECROP ST
PORT SAINT LUCIE, FL-34984

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

D. Ramsaran

Signature/Registered Agent

D. Ramsaran

Signature/Incorporator

11/05/08
Date

11/05/08
Date